

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 28

-62-019942

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 60

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Rural Union Twp.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Unionville, Missouri

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN Mt. Prospect

d. STREET

(If outside, give location)

205 S. Lancaster

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Rex

Middle

O.

Last

Thomas

4. DATE

OF
DEATH

Month

May

Day

22

Year

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐

8. DATE OF BIRTH

3/10/23

9. AGE (last birthday)

39

IF UNDER 1 YEAR

Months 2

Days 12

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Sales Manager

10b. KIND OF BUSINESS OR INDUSTRY

Aeroquip Co.

11. BIRTHPLACE (City and state or country)

Brazil Ind

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Benjamin Thomas

13b. MOTHER'S MAIDEN NAME

Edith Garrison

14. NAME OF HUSBAND OR WIFE

Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

WW2

17. INFORMANT

K. Joann Thomas

Address

205 S. Lancaster

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

from plane crash

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Continental Flight 11

20c. TIME OF

INJURY

Hour

a.m.

Month, Day, Year

p.m.

9:45 pm

5/22/62

20d. INJURY OCCURRED

WHILE AT WORK ☒NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

on farm

20f. CITY, TOWN, OR LOCATION

Union Twp.

COUNTY

Putnam

STATE

Missouri

21. I attended the deceased from _____, to _____, and last saw her alive on _____.

Death occurred at _____

9:45 pm

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Charles L. Gibson

(Degree of _____)

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5/24/62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE

5-24-62

23c. NAME OF CEMETERY OR CREMATORY

Cottage Hill

23d. LOCATION (City, town, or county)

Chicago Ill

(State)

24. FUNERAL DIRECTOR

Hugh L. Gibson

ADDRESS

Unionville, Mo

25. DATE RECD. BY LOCAL REG.

5-24-62

26. REGISTRAR'S SIGNATURE

Marvill Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10860
28120
3
4 C
5 1
6
7 1
8 2
9861X
10 39
11 686
12 91-3
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wm K Jackson

Licensed Embalmer No.

3954

P. O. Address

Kirkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.